

**MADISON COUNTY HEALTH DEPARTMENT**  
**101 EAST EDWARDSVILLE ROAD • WOOD RIVER, IL 62095**  
**(618) 296-6079 • MADISONCHD.ORG**

## Municipality Notification Form

It is the responsibility of the Mobile Food Establishment to contact each city office that the establishment will be operating for route approval. Each local municipality may require inspections and additional regulations in which the Mobile Food Establishment must comply. Each Mobile Food Establishment must provide documentation during the Plan Review process that they have been in contact with the municipality. **Provide a separate form for each municipality operation.**

<b>Mobile Food Establishment</b>	
Business Name:	
Owner:	Address:
Phone Number: (     )	City, State, Zip:
<b>Route Location 1:</b> (Address & Days/Hours of Operation)	
<b>Route Location 2</b> (within same city): (Address & Days/Hours of Operation)	
<b>Route Location 3</b> (within same city): (Address & Days/Hours of Operation)	
Name of City Official :	Date of Contact:
Email of Official:	Phone Number: (     )
<b>Provide city stamp within this space or City Official Signature:</b>	
Any additional information discussed with official:	
What steps are required by city official to proceed:	
<b>Signature of Business Owner:</b>	<b>Date:</b>

***This document signifies that the Mobile Food Establishment has been in contact with the municipality authority regarding their business plan and requirements they must meet prior to opening operation. They are aware of municipality requirements and plan to proceed with Plan Review process at Madison County Health Department Plan Review Application.***